



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Samuel Alianell MD

Respondent Name

Insurance Co of North America

MFDR Tracking Number

M4-18-0112-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

September 12, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The charges referenced herein were file with the Carrier and denied for "pre-certification or authorization or notification absent". We have requested reconsideration from the carrier and they are maintaining the rationale. We believe this claim has been denied arbitrarily and respectfully request dispute resolution in this matter."

Amount in Dispute: \$1,021.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "A peer review report by Dr. Ephraim Brenman dated 8/22/2016 opined that drug screens exceeding one every six months would fall outside of ODG guidelines. As such, pre-authorization needs to be obtained prior to rendering services. ESIS stands on the original denial because pre-authorization was not obtained."

Response Submitted by: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 14, 2017	G0482	\$1,021.70	\$255.43

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the requirements for prior authorization.
3. 28 Texas Administrative Code §134.203 sets out reimbursement guidelines for professional services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:

- 18 – Duplicate claim/service
- 197 – Precertification/authorization/notification absent

Issues

1. Did the requestor raise a new issue?
2. Are the insurance carrier's reasons for denial of payment supported?
3. What rule applies to the applicable fee guideline?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of Code G0482 – "Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; [15-21](#) drug class(es), including metabolite(s) if performed" rendered on March 14, 2017 in the amount of \$1,021.70.

The insurance carrier in its response states, "A peer review report by Dr. Ephraim Brenman dated 8/22/2016 opined that drug screens exceeding one every six months would fall outside of ODG guidelines. As such, pre-authorization needs to be obtained prior to rendering services."

28 Texas Administrative Code §133.307 (d) (2) (F) states in pertinent part,

The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section.

Review of the submitted explanations of review found no denial related to the mentioned peer review report or the ODG guidelines. Therefore these reasons will not be considered in this review. The services in dispute will be reviewed per applicable Division guidelines.

2. The carrier denied the disputed charge as 197 – "Pre-certification/authorization/notification absent."

28 Texas Administrative Code §134.600 (p) (12) states in pertinent part,

Non-emergency health care requiring preauthorization includes

(12) treatments and services that exceed or are not addressed by the commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the insurance carrier. This requirement does not apply to drugs prescribed for claims under §§134.506, 134.530 or 134.540 of this title (relating to Pharmaceutical Benefits);

The ODG, Pain, 2017, states, "Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances."

Health care provided in accordance with the ODG is presumed reasonable as specified in (c) of Rule §137.100. Therefore, the carrier’s denial is not supported. The services in dispute will be reviewed per the applicable fee guidelines.

3. 28 Texas Administrative Code 134.203 (e) states in pertinent part,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

The maximum allowable reimbursement is calculated as follows:

Medicare fee guideline for G0482 = \$204.34 x 125% = \$255.43. There is no professional component for this code. The total MAR is \$255.43.

4. The maximum allowable reimbursement for the services in dispute is \$255.43. The carrier previously paid \$0.00. The remaining balance of \$255.43 is due to the requestor.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$255.43.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$255.43 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

		September 29, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.